

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

## Filing at a Glance

Company: Guarantee Insurance Company

Product Name: GIC-WC-AR-07-02-R

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: PERR-125306043 State: Arkansas

SERFF Status: Closed

Co Tr Num: GIC-WC-AR-07-02-R

Co Status:

Authors: Diane Karis, Ines Piquet,  
Cindee Tran, Patricia Heckman,  
Addy Angelico

Date Submitted: 09/28/2007

State Tr Num: AR-PC-07-026265

State Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Disposition Date: 10/02/2007

Disposition Status: Non-Adoption

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: GIC-WC-AR-07-02-R

Project Number: GIC-WC-AR-07-02-R

Reference Organization: National Council on Compensation Insurance, Inc. Reference Number: Item AR-2007-10

Reference Title: Arkansas--Approved Voluntary Advisory Loss Costs  
and Rating Values and Assigned Risk Rates and Rating Values to Be  
Effective January 1, 2008

Filing Status Changed: 10/02/2007

State Status Changed: 10/01/2007

Corresponding Filing Tracking Number: Not Applicable

Filing Description:

On behalf of Guarantee Insurance Company (the "Company"), we are submitting this filing to notify your Department that the Company will NOT ADOPT the following reference filing effective January 1, 2008:

Reference Organization: National Council on Compensation Insurance, Inc.

Circular Number: AR-2007-13

Reference Filing Number: Item AR-2007-10

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Advisory Org. Circular: AR-2007-13

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

Reference Filing Descriptions: Arkansas--Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective January 1, 2008

Please do not hesitate to contact us if you have any questions.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Cindee Van Tran,	doi@perrknight.com
2030 Main Street Suite 235	(949) 474-0332 [Phone]
Irvine, CA 92614	(949) 474-0384[FAX]

### Filing Company Information

Guarantee Insurance Company	CoCode: 11398	State of Domicile: South Carolina
1081 521 Corporate Center Dr.	Group Code:	Company Type:
Suite 140		
Ft. Mill, SC 29715	Group Name:	State ID Number:
(803) 396-5200 ext. 15230[Phone]	FEIN Number: 22-2222789	
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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Insurance Company	\$0.00	09/28/2007	

SERFF Tracking Number:	PERR-125306043	State:	Arkansas
Filing Company:	Guarantee Insurance Company	State Tracking Number:	AR-PC-07-026265
Company Tracking Number:	GIC-WC-AR-07-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	GIC-WC-AR-07-02-R		
Project Name/Number:	GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Carol Stiffler	10/02/2007	10/02/2007

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

## **Disposition**

Disposition Date: 10/02/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Non-Adoption  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PERR-125306043	State:	Arkansas
Filing Company:	Guarantee Insurance Company	State Tracking Number:	AR-PC-07-026265
Company Tracking Number:	GIC-WC-AR-07-02-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	GIC-WC-AR-07-02-R		
Project Name/Number:	GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Non-adoption	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Non-adoption	Yes
Supporting Document	NAIC loss cost data entry document	Non-adoption	Yes
Supporting Document	Cover Letter	Non-adoption	Yes
Supporting Document	Letter of Authorization	Non-adoption	Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Non-adoption	10/02/2007
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**Comments:**

NAIC Uniform Transmittal Document-Property & Casualty is attached.

**Attachment:**

GIC-WC-AR-07-02-R\_NAIC PC Trans Doc.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Non-adoption	10/02/2007
<b>Bypass Reason:</b>	This component is not applicable. This company is not adopting the referenced loss cost filing from NCCI.			

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Non-adoption	10/02/2007
<b>Bypass Reason:</b>	This component is not applicable. This company is not adopting the referenced loss cost filing from NCCI.			

**Comments:**

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Non-adoption	10/02/2007
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**Comments:**

Cover letter is attached.

**Attachment:**

GIC-WC-AR-07-02-R\_Cover Letter.pdf

<b>Satisfied -Name:</b>	Letter of Authorization	<b>Review Status:</b>	Non-adoption	10/02/2007
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**Comments:**

Guarantee Insurance Company's letter of authorization is attached.

**Attachment:**

<i>SERFF Tracking Number:</i>	<i>PERR-125306043</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026265</i>
<i>Company Tracking Number:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>GIC-WC-AR-07-02-R</i>		
<i>Project Name/Number:</i>	<i>GIC-WC-AR-07-02-R/GIC-WC-AR-07-02-R</i>		

GCIC Authorization Letter.pdf





## Property &amp; Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3. Group Name</b>					<b>Group NAIC #</b>
	Guarantee Insurance Company				
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Guarantee Insurance Company	SC	11398	22-2222789	39	

<b>5. Company Tracking Number</b>	GIC-WC-AR-07-02-R
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Cindee Tran	Rating Bureau Analyst	(866) 296-7555	(949) 474-0381	doi@perrknight.com
2030 Main Street, Suite 235 Irvine, CA 92614				
<b>7. Signature of authorized filer</b>	 <small>Digitally signed by Cindee Tran DN: cn=Cindee Tran, c=US Date: 2007.09.26 16:00:49 -07'00'</small>			
<b>8. Please print name of authorized filer</b>	Cindee Tran			

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/2008   Renewal: 1/1/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	National Council on Compensation Insurance, Inc.
<b>17. Reference Organization # &amp; Title</b>	Item AR-2007-10
<b>18. Company's Date of Filing</b>	September 27, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	GIC-WC-AR-07-02-R
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Guarantee Insurance Company (the "Company"), we are submitting this filing to notify your Department that the Company will NOT ADOPT the following reference filing effective January 1, 2008:

Reference Organization: National Council on Compensation Insurance, Inc.

Circular Number (for ease of reference): AR-2007-13

Reference Filing Number: Item AR-2007-10

Reference Filing Descriptions: Arkansas -- Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective January 1, 2008

Please do not hesitate to contact us if you have any questions.

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** Not Applicable

**Amount:** \$0.00

No filing fee required.

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GIC-WC-AR-07-02-R
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	Not Applicable

☐ Rate Increase     
 ☐ Rate Decrease     
 ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval					
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
Guarantee Insurance Co.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	N/A - Non-Adopt Loss Cost	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	N/A - Non-Adopt Loss Cost	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A - Non-Adopt Loss Cost	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A - Non-Adopt Loss Cost	

<b>6.</b>	Overall percentage of last rate revision	N/A - Non-Adopt Loss Cost
<b>7.</b>	Effective Date of last rate revision	N/A - Non-Adopt Loss Cost
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A - Non-Adopt Loss Cost

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A - Non-Adopt Loss Cost	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



September 27, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201

Attention: Property and Casualty Division

**Re: Guarantee Insurance Company, FEIN 22-2222789, NAIC Number 11398**  
**Workers Compensation**  
**Non-Adoption of NCCI Reference Filing Number: (Supplement)**  
**Company Filing Number: GIC-WC-AR-07-02-R**  
**Proposed Effective Date: January 1, 2008**

Honorable Julie Benafield Bowman:

On behalf of Guarantee Insurance Company (the "Company"), we are submitting this filing to notify your Department that the Company will **NOT ADOPT** the following reference filing effective January 1, 2008:

Reference Organization:	National Council on Compensation Insurance, Inc.
Circular Number (for ease of reference):	AR-2007-13
Reference Filing Number:	Item AR-2007-10
Reference Filing Descriptions:	Arkansas--Approved Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to Be Effective January 1, 2008

Please do not hesitate to contact us if you have any questions.

Sincerely,

Cindee Tran  
Rating Bureau Analyst  
Phone: (866) 296-7555  
Fax: (949) 474-0381  
E-mail: [doi@perrknight.com](mailto:doi@perrknight.com)

Enclosures



May 7, 2007

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Guarantee Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded on writing.

Please direct all correspondences and inquiries relate to this filing related to this filing to Perr & Knight, Inc. at the following address:

Perr & Knight, Inc.  
1200 North Federal Highway, Suite 309  
Boca Raton, FK-33432  
Tel: (561) 416-3992  
Fax: (561) 416-3167

Please contact me at (954) 670-2901 if you have any questions regarding this authorization.

Sincerely,

Steven M. Mariano  
President, Chief Executive Officer